QUICK START/SAME DAY START METHOD

DEFINITION	The immediate initiation of combined contraceptives (pills, patches, ring) or progestin-only (pills, injectables, or implants**)** before the start of the next menses for clients in which pregnancy is unlikely. Quick Start is an off-label practice supported by good clinical research, avoiding the time gap between the time the client is prescribed her method and the time she is intended to start her method. The CDC Suggested Practice Recommendations endorses the Quick Start method.
SUBJECTIVE	Should include: 1. LMP 2. Medical, sexual, and contraceptive use history (initial or update) as appropriate. 3. Thorough history of sexual intercourse since LMP to determine need for pregnancy testing. Must exclude: 1. Any method specific Category 4 conditions from CDC M.E.C. table.
OBJECTIVE	Should include: 1. Blood pressure, height, weight and BMI. 2. Emergency contraception as indicated. 3. Age appropriate examination yearly.
LABORATORY	May include: 1. Negative pregnancy test if indicated.
ASSESSMENT	Quick start candidate
PLAN	Should include: 1. Review method specific information sheet, provide a copy to the patient. 2. Quick Start including OCP, POP, contraceptive ring, contraceptive patch, DMPA, or contraceptive implant: a. If the client is within 5 days of the beginning of her last menses start new method immediately. No backup method is needed. b. If later in the menstrual cycle, initiation depends upon whether she has had any unprotected coitus. 1. If no coitus since LMP or protected coitus in the last 5 days, she should initiate new method today. Use abstinence or backup method for the next 7 days. 2. If unprotected coitus in the last 5 days, offer emergency contraceptive, take EC immediately and start new method today. Advise her to use abstinence or backup method for the first 7 days of new method.
CLIENT EDUCATION	1. Reinforce contraception education, as appropriate. 2. Reinforce safe sex education, if appropriate. 3. Consider urine pregnancy test in 2-3 weeks as indicated – if used emergency contraception, signs & symptoms of pregnancy, or if scheduled bleeding is delayed or abnormal. 4. Recommend client RTC as appropriate, annually, or prn for problems.

CONSULT / REFER TO MD	1. Any client with prescribing precautions for combined or progestin-only contraceptives: See U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. 2. Any client with a Category 3 condition from CDC MEC table who desires a specific method.

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References:

1. Hatcher RA, Trussell J. Nelson A. et al. Contraceptive Technology: 20th revised edition. New York City: Ardent Media: 2011, pp.289-291, 320.
2. Summary Chart of CDC U.S. Medical Eligibility Criteria for Contraceptive Use, 2016
3. Zieman Mimi, Hatcher RA., Managing Contraception, 11th edition. Tiger, Georgia 2013, pp. 38, 114, 100-102, 116-118.
4. Centers for Disease Control and Prevention (CDC). U.S. Selected Practice Recommendations for Contraceptive Use, 2016: MMWR Recomm Rep. 2013;62(RR-05):1-60. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm
5. Centers for Disease Control and Prevention (CDC). Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014: MMWR Recomm Rep 2014: 63(4):1-60. http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf
6. Centers for Disease Control and Prevention (CDC). U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep. 2016;65(3): 1-104. Available at: http://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf.